

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

JIM FOR NC

ADDRESS (number and street)

26 PINECREST PLAZA

160

Check if different  
than previously  
reported. (ACC)

SOUTHERN PINES

NC

28387

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00575282

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2015

through

M M / D D / Y Y Y Y  
09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY CRATE

Signature of Treasurer

BRADLEY CRATE

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
11 / 06 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

JIM FOR NC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	74160.96	291204.56
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	74160.96	291204.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	49051.99	84041.71
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	49051.99	84041.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	207162.85	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**JIM FOR NC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

40545.96

144134.56

**(ii) Unitemized.....**

6115.00

19570.00

**(iii) TOTAL of contributions from individuals ▶**

46660.96

163704.56

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

27500.00

127500.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

74160.96

291204.56

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

74160.96

291204.56

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 41

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	49051.99	84041.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	49051.99	84041.71

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	182053.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	74160.96
25. SUBTOTAL (add Line 23 and Line 24).....	256214.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49051.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	207162.85

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3A

Transaction ID :

This report is being amended to include one contribution that was inadvertently omitted (Dean Milani \$2,000 7/6/15) and to remove two contributions that were previously reported on the Committee's July Quarterly Report but mistakenly included again on the Committee's original October Quarterly Report. (Joe Glasson, Rosemary Geisler). Cash on hand is adjusted accordingly.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**A. Full Name (Last, First, Middle Initial)  
**MS. JUDI C ANDERSON**

Mailing Address 11415 GOVERNORS DRIVE

City	State	Zip Code
CHAPEL HILL	NC	27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KROEGER ASSOCIATESOccupation  
PR CONSULTANT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.6053

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)  
**WENDY BALL**

Mailing Address 10381 HOLT

City	State	Zip Code
CHAPEL HILL	NC	27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2015

Transaction ID : SA11AI.5874

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)  
**MS. PATRICIA A BARBERIO**

Mailing Address 1212 MARSALIS WAY

City	State	Zip Code
CARY	NC	27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

**A.** Full Name (Last, First, Middle Initial)  
**MS. SANDRA S BAZLEY**

Mailing Address 78005 STOKES

City State Zip Code  
CHAPEL HILL NC 27517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2015

Transaction ID : SA11AI.5884

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. SANDRA S BAZLEY**

Mailing Address 78005 STOKES

City State Zip Code  
CHAPEL HILL NC 27517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : SA11AI.5997

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARIANN D BENWAY**

Mailing Address 8 MARTIN WAY

City State Zip Code  
WHISPERING PINES NC 39327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED COURT REPORTER

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : SA11AI.5990

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00
--------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)  
**GEORGE BRANNON**

**A.** Mailing Address 10405 MANLY

City	State	Zip Code
CHAPEL HILL	NC	27157

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DORF KETAL

Occupation  
LEAD DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

**09** / **08** / **2015**

**Transaction ID : SA11AI.6075**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)  
**DAVID BRENNAN**

**B.** Mailing Address 639 GULF SHORE BLVD. NORTH

City	State	Zip Code
NAPLES	FL	34102

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

**09** / **25** / **2015**

**Transaction ID : SA11AI.5915**

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)  
**DANIEL BURCH**

**C.** Mailing Address 87 PERFECT MOMENT DR

City	State	Zip Code
DURHAM	NC	27713

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PPPI

Occupation  
GLOBAL CLINICAL RESEARCH

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

**09** / **25** / **2015**

**Transaction ID : SA11AI.5913**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3050.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN R CASHION**

Mailing Address 11 MCMICHAEL DRIVE

City	State	Zip Code
PINEHURST	NC	28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		31		2015

Transaction ID : SA11AI.5878

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM CLARK, JR.**

Mailing Address 514 AUTUMNGATE DRIVE

City	State	Zip Code
CARY	NC	27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIVERSIFIED CONSULTING GROUP, PLLCOccupation  
ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		27		2015

Transaction ID : SA11AI.5941

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**LEWIS COSTANTINI**

Mailing Address 6 MONROE DRIVE

City	State	Zip Code
WEST WINDSOR	NJ	08550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : SA11AI.6047

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

**A.** Full Name (Last, First, Middle Initial)  
**JEFF DINICOLA**

Mailing Address 12454 WILLINGDON RD.

City	State	Zip Code
HUNTERSVILLE	NC	28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T & E SALES, INC.Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. R DENNIS DUBAK**

Mailing Address 561 CALIFORNIA ROAD

City	State	Zip Code
BRONXVILLE	NY	10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		28		2015

Transaction ID : SA11AI.5879

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. RAMONA E DULA**

Mailing Address 1320 RANDOLPH TABERNACLE RD

City	State	Zip Code
ASHEBORO	NC	27203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTURY 21Occupation  
AGENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		15		2015

Transaction ID : SA11AI.5917

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**Full Name (Last, First, Middle Initial)  
**MR. CHARLES EATON**

Mailing Address 2700 PACES FERRY RD. SE #703

City	State	Zip Code
ATLANTA	GA	30339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		31		2015

Transaction ID : SA11AI.5999

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)  
**MR. ROBERT M FULTON**

Mailing Address 3315 LEMON SPRINGS RD

City	State	Zip Code
SANFORD	NC	27332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SANDHILLS CONTRACTORSOccupation  
CONTRACTOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		27		2015

Transaction ID : SA11AI.5975

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)  
**BRIAN GLOVER**

Mailing Address 396 ROLLING MEADOWS LANE

City	State	Zip Code
CHAPEL HILL	NC	27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR. BRIAN R. GLOVER AND ASSOCIATESOccupation  
DENTIST

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		11		2015

Transaction ID : SA11AI.6088

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1450.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**Full Name (Last, First, Middle Initial)  
**A. MICHAEL HERMAN**

Mailing Address PO BOX 675993

City	State	Zip Code
RANCHO SANTA FE	CA	92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WORLDFAB LLCOccupation  
MANAGING PARTNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.6082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**B. MR. C THEODORE HICKS II**

Mailing Address 5 WARE CREEK COURT

City	State	Zip Code
DURHAM	NC	27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HICKS & ASSOCIATESOccupation  
CFP PRACTITIONER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2015

Transaction ID : SA11AI.5896

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)  
**C. MR. A L HOBGOOD III**

Mailing Address P O BOX 6550

City	State	Zip Code
RALEIGH	NC	27628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOBGOOD PEATROSSOccupation  
INVESTMENT ADVISOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		09		2015

Transaction ID : SA11AI.5902

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SIU-PING HONG**

Mailing Address 78 WINDING RIDGE ROAD

City	State	Zip Code
DURHAM	NC	27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : SA11AI.5938

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DWAYNE M HOWARD**

Mailing Address 303 FOUR OAKS CIRCLE

City	State	Zip Code
PITTSBORO	NC	27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDSOUTH BUILDERSOccupation  
BUILDER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Transaction ID : SA11AI.5992

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**JEANNE HOWARD**

Mailing Address 125 ROYAL SUNSET DRIVE

City	State	Zip Code
DURHAM	NC	27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2015

Transaction ID : SA11AI.6089

Amount of Each Receipt this Period

1700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

**A.** Full Name (Last, First, Middle Initial)  
**MS. KRISTINE P HOWARD**

Mailing Address 303 FOUR OAKS CIRCLE

City	State	Zip Code
PITTSBORO	NC	27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDSOUTH BUILDERSOccupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Transaction ID : SA11AI.5994

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES W LEGG**

Mailing Address 702 SUN ROAD

City	State	Zip Code
ABERDEEN	NC	28315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOP TOBACCO, L.P.Occupation  
PLANT ADMINISTRATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : SA11AI.5989

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
**ELAINE LOPES**

Mailing Address 5515 SOUTH ROXBORO ST

City	State	Zip Code
DURHAM	NC	27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TARANTINI ITALIAN RESTAURANTOccupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

475.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.6131

Amount of Each Receipt this Period

475.04

In-kind - FACILITY RENTAL/CATERING SERVICES

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1025.04

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

**A.** Full Name (Last, First, Middle Initial)  
**CINDY MARRELLI**

Mailing Address 8600 BELL GROVE WAY

City	State	Zip Code
RALEIGH	NC	27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.6006

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALLEN R MARTINDALE**

Mailing Address 3804 SOMERSET DRIVE

City	State	Zip Code
DURHAM	NC	27707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.5891

Amount of Each Receipt this Period

400.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. FRANK T MASSEY**

Mailing Address 9224 DUKES LAKE RD

City	State	Zip Code
ZEBULON	NC	27597

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAKEFIELD LANDSCAPING, INCOccupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2015

Transaction ID : SA11AI.6022

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)  
**MS. DEBORAH G MERTEN**

Mailing Address **813 BLACKFRIARS LOOP**

City	State	Zip Code
CARY	NC	27519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

**09 / 15 / 2015**

Transaction ID : **SA11AI.5969**

Amount of Each Receipt this Period

**250.00**

Full Name (Last, First, Middle Initial)  
**DEAN MILANI**

Mailing Address **97 STEEPLECHASE LANE**

City	State	Zip Code
CHAPEL HILL	NC	27517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

**07 / 06 / 2015**

Transaction ID : **SA11AI.6134**

Amount of Each Receipt this Period

**2000.00**

Full Name (Last, First, Middle Initial)  
**MICHELLE MOSER**

Mailing Address **6221 BAYSWATER TRAIL**

City	State	Zip Code
RALEIGH	NC	27612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SAGE STRATEGY LLC**

Occupation  
**COO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**09 / 30 / 2015**

Transaction ID : **SA11AI.6116**

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2750.00**



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**Full Name (Last, First, Middle Initial)  
**PATRICK O'NEILL**

Mailing Address 263 PPERFECT MOMENT DRIVE

City	State	Zip Code
DURHAM	NC	27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CDIOccupation  
CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.6069

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**MR. JOHN V PALERMO**

Mailing Address 662 GRAYCLIFF

City	State	Zip Code
PITTSBORO	NC	27312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

Transaction ID : SA11AI.5944

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)  
**MS. ADELLE C PARK**

Mailing Address 3 DORAL CT

City	State	Zip Code
PINEHURST	NC	28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1262.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2015

Transaction ID : SA11AI.5932

Amount of Each Receipt this Period

762.46

IN KIND: FACILITY RENTAL/CATERING SERVICES

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1112.46

X	11a		11b		11c		11d		
	12		13a		13b		14		15

NAME OF COMMITTEE (In Full)  
JIM FOR NC

IN KIND: FACILITY RENTAL/CATERING SERVICES

2000.00

250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**MR. LEE A SCOTT SR**

Mailing Address 105 SHEFFIELD CIRCLE

City

CHAPEL HILL

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UBS FINANCIAL SERVICESOccupation  
INVESTMENT CONSULTANT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : SA11AI.5996

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MS. MYRAH L SCOTT**

Mailing Address 105 SHEFFIELD CIRCLE

City

CHAPEL HILL

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : SA11AI.6040

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MAUREEN SHRIVER**

Mailing Address 308 BLUE VIOLET WAY

City

DURHAM

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PERFORMANCE IMPACTOccupation  
CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.6052

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC****A.** Full Name (Last, First, Middle Initial)  
**MR. EMMETT E STOBBS JR**

Mailing Address 62 WINDING RIDGE ROAD

City	State	Zip Code
DURHAM	NC	27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
FINANCIAL PLANNING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11AI.5866

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**CATHY STOW**

Mailing Address 10331 NASH

City	State	Zip Code
CHAPEL HILL	NC	27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2015

Transaction ID : SA11AI.6073

Amount of Each Receipt this Period

2700.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN STOW**

Mailing Address 10331 NASH

City	State	Zip Code
CHAPEL HILL	NC	27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHN S STOW CONSULTING LLCOccupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2015

Transaction ID : SA11AI.5983

Amount of Each Receipt this Period

2700.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**MR. M REX TEANEY II**

Mailing Address 105 FAISON ROAD

City

CHAPEL HILL

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FRANKLIN STREET PARTNERS

Occupation

INVESTMENT MANAGER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2015

Transaction ID : SA11AI.6093

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**NICHOLAS TRIVISONNO**

Mailing Address 2019 CRAIGMORE DRIVE

City

CHARLOTTE

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : SA11AI.6068

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**DONALD TURNER**

Mailing Address 13 WOODCOCK LANE

City

WESTPORT

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2015

Transaction ID : SA11AI.5923

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)  
**ED WATKO**

Mailing Address **8600 BELL GROVE WAY**

City State Zip Code  
**RALEIGH NC 27615**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MACK FINANCIAL**

Occupation  
**SALES**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2500.00**

Date of Receipt

**09 / 29 / 2015**

**Transaction ID : SA11AI.6008**

Amount of Each Receipt this Period

**2500.00**

Full Name (Last, First, Middle Initial)  
**MS. GLENNA WITHEM**

Mailing Address **75 SHADOW DRIVE**

City State Zip Code  
**NEW HILL NC 27562**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CENTER FOR LEADERSHIP STUDIES**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2700.00**

Date of Receipt

**09 / 21 / 2015**

**Transaction ID : SA11AI.5939**

Amount of Each Receipt this Period

**1350.00**

Full Name (Last, First, Middle Initial)  
**MR. JIMMIE D WITHEM**

Mailing Address **75 SHADDOX DR**

City State Zip Code  
**NEW HILL NC 27562**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CENTER OF LEADERSHIP STUDIES**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2700.00**

Date of Receipt

**09 / 21 / 2015**

**Transaction ID : SA11AI.6123**

Amount of Each Receipt this Period

**1350.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5200.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**Full Name (Last, First, Middle Initial)  
**CATHY WRIGHT**

Mailing Address 51315 EASTCHURCH

City	State	Zip Code
CHAPEL HILL	NC	27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1003.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2015

Transaction ID : SA11AI.5872

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)  
**CATHY WRIGHT**

Mailing Address 51315 EASTCHURCH

City	State	Zip Code
CHAPEL HILL	NC	27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1349.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2015

Transaction ID : SA11AI.5867

Amount of Each Receipt this Period

346.00

IN KIND: POSTAGE

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

446.00

40545.96

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 41

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**Full Name (Last, First, Middle Initial)  
**JAMES DUNCAN**Mailing Address **26 PINECREST PLAZA**  
**160**City State Zip Code  
**SOUTHERN PINES NC 28387**FEC ID number of contributing  
federal political committee.**C** **H6NC02114**Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**102500.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y  
**09 04 2015****Transaction ID : SA11D.5863**

Amount of Each Receipt this Period

**2500.00**Full Name (Last, First, Middle Initial)  
**JAMES DUNCAN**Mailing Address **26 PINECREST PLAZA**  
**160**City State Zip Code  
**SOUTHERN PINES NC 28387**FEC ID number of contributing  
federal political committee.**C** **H6NC02114**Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**127500.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y  
**09 28 2015****Transaction ID : SA11D.5887**

Amount of Each Receipt this Period

**25000.00**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**27500.00****27500.00**





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

Amount of Each Disbursement this Period

0.20
------

Transaction ID : SB17.5794

**B. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2015

Amount of Each Disbursement this Period

0.80
------

Transaction ID : SB17.5795

**C. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2015

Amount of Each Disbursement this Period

0.20
------

Transaction ID : SB17.5796

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1.20
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2015

Amount of Each Disbursement this Period

0.20
------

Transaction ID : SB17.5797

**B. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2015

Amount of Each Disbursement this Period

0.08
------

Transaction ID : SB17.5798

**C. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2015

Amount of Each Disbursement this Period

0.40
------

Transaction ID : SB17.5799

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.68
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Disbursement this Period

9.40
------

Transaction ID : SB17.5806

**B. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2015

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.5807

**C. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2015

Amount of Each Disbursement this Period

112.00
--------

Transaction ID : SB17.5808

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

146.40

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2015

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17.5809

**B. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2015

Amount of Each Disbursement this Period

2.00
------

Transaction ID : SB17.5810

**C. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2015

Amount of Each Disbursement this Period

0.80
------

Transaction ID : SB17.5811

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17.80

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	22	2015

Amount of Each Disbursement this Period

1.00
------

Transaction ID : SB17.5812

**B. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	23	2015

Amount of Each Disbursement this Period

176.00
--------

Transaction ID : SB17.5813

**C. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	24	2015

Amount of Each Disbursement this Period

1.00
------

Transaction ID : SB17.5814

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

178.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2015

Amount of Each Disbursement this Period

14.00
-------

Transaction ID : SB17.5815

**B. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		28		2015

Amount of Each Disbursement this Period

64.00
-------

Transaction ID : SB17.5816

**C. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

5.00
------

Transaction ID : SB17.5817

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

83.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. APEX**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

204.20
--------

Transaction ID : SB17.5818

**B. CAROLINA REPROGRAPHICS**

Mailing Address 201 ROSEHAVEN DRIVE

City RALEIGH State NC Zip Code 27609

Purpose of Disbursement  
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2015

Amount of Each Disbursement this Period

2165.00
---------

Transaction ID : SB17.5819

**C. CAROLINA REPROGRAPHICS**

Mailing Address 201 ROSEHAVEN DRIVE

City RALEIGH State NC Zip Code 27609

Purpose of Disbursement  
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2015

Amount of Each Disbursement this Period

148.00
--------

Transaction ID : SB17.5820

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2517.20
---------

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. FOLEY & LARDNER LLP**Mailing Address WASHINGTON HARBOUR  
3000 K STREET, NW

City WASHINGTON State DC Zip Code 20007-5109

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	18	2015

Amount of Each Disbursement this Period

723.00
--------

Transaction ID : SB17.5825

**B. HOBBY LOBBY**

Mailing Address 160 BRUCEWOOD RD

City SOUTHERN PINES State NC Zip Code 28387

Purpose of Disbursement  
PARK REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	24	2015

Amount of Each Disbursement this Period

44.37
-------

Transaction ID : SB17.5786

[MEMO ITEM]

**C. IDESIGN MOBILE APPS**

Mailing Address 2111 BAYCOURT TR

City HILLSBORO State NC Zip Code 27278

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	28	2015

Amount of Each Disbursement this Period

3091.79
---------

Transaction ID : SB17.5827

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3814.79

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. KOHN ASSOCIATES**

Mailing Address 1140 HARP STREET

City	State	Zip Code
RALEIGH	NC	27604

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.5829

**B. ELAINE LOPES**

Mailing Address 5515 SOUTH ROXBORO ST

City	State	Zip Code
DURHAM	NC	27713

Purpose of Disbursement  
In-kind - FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Disbursement this Period

475.04
--------

Transaction ID : SB17.6133

**C. MARRIOT**

Mailing Address 10400 FERNWOOD RD

City	State	Zip Code
NORTH BETHESDA	MD	20817

Purpose of Disbursement  
WRIGHT REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Disbursement this Period

402.24
--------

Transaction ID : SB17.5823

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5475.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. MS. ADELLE C PARK**

Mailing Address 3 DORAL CT

City	State	Zip Code
PINEHURST	NC	28374

Purpose of Disbursement  
IN KIND: FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2015

Amount of Each Disbursement this Period

762.46
--------

Transaction ID : SB17.6128

**B. MR. IRWIN L PARK JR**

Mailing Address 3 DORAL COURT

City	State	Zip Code
PINEHURST	NC	28374

Purpose of Disbursement  
IN KIND: FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2015

Amount of Each Disbursement this Period

762.46
--------

Transaction ID : SB17.6129

**C. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
2ND FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

Amount of Each Disbursement this Period

2629.20
---------

Transaction ID : SB17.5830

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4154.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

Amount of Each Disbursement this Period

2603.30
---------

Transaction ID : SB17.5831

**B. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2015

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : SB17.5832

**C. RED CURVE SOLUTIONS**Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

2600.00
---------

Transaction ID : SB17.5833

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7803.30

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. RICHMOND RENTALS & SALES**

Mailing Address PO BOX 2259

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2015

City	State	Zip Code
SOUTHERN PINES	NC	28388

Amount of Each Disbursement this Period

9839.51
---------

Purpose of Disbursement  
PARK REIMBURSEMENT: EVENT STAGING EXPENSECategory/  
Type

Transaction ID : SB17.5788

**[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. SAGESTRAT**Mailing Address 6300 CREEDMORE RD  
SUITE 170-121

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

City	State	Zip Code
RALEIGH	NC	27612-6745

Amount of Each Disbursement this Period

4443.74
---------

Purpose of Disbursement  
STRATEGY CONSULTINGCategory/  
Type

Transaction ID : SB17.5834

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. SAGESTRAT**Mailing Address 6300 CREEDMORE RD  
SUITE 170-121

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

City	State	Zip Code
RALEIGH	NC	27612-6745

Amount of Each Disbursement this Period

5395.77
---------

Purpose of Disbursement  
STRATEGY CONSULTINGCategory/  
Type

Transaction ID : SB17.5835

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9839.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. SAGESTRAT**Mailing Address 6300 CREEDMORE RD  
SUITE 170-121

City RALEIGH State NC Zip Code 27612-6745

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2015

Amount of Each Disbursement this Period

5019.33
---------

Transaction ID : SB17.5836

**B. SAGESTRAT**Mailing Address 6300 CREEDMORE RD  
SUITE 170-121

City RALEIGH State NC Zip Code 27612-6745

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

8025.00
---------

Transaction ID : SB17.5837

**C. STAPLES**

Mailing Address 290 TURNER ST

City SOUTHERN PINES State NC Zip Code 28387

Purpose of Disbursement  
PARK REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

55.45
-------

Transaction ID : SB17.5790

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

13044.33



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 41

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JIM FOR NC**

Full Name (Last, First, Middle Initial)

**A. VAN'S ADVERTISING ITEMS, SIGNS & PRINTING**

Mailing Address 3290 VAN DRIVE

City	State	Zip Code
BURLINGTON	NC	27215

Purpose of Disbursement  
CAMPAIGN PROMOTIONAL ITEMS: STICKERS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2015

Amount of Each Disbursement this Period

697.49
--------

Transaction ID : SB17.5839

**B. CATHY WRIGHT**

Mailing Address 51315 EASTCHURCH

City	State	Zip Code
CHAPEL HILL	NC	27517

Purpose of Disbursement  
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

Amount of Each Disbursement this Period

402.24
--------

Transaction ID : SB17.5821

**C. CATHY WRIGHT**

Mailing Address 51315 EASTCHURCH

City	State	Zip Code
CHAPEL HILL	NC	27517

Purpose of Disbursement  
IN KIND: POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2015

Amount of Each Disbursement this Period

346.00
--------

Transaction ID : SB17.6130

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1445.73

48822.22